

Conducting Excellent Reviews

Step by Step Instructions For Completing Worksheets and Checklists In the 2007 PRISM Protocol

February 8, 2007





PRISM 2007 – Learning Objectives

At the end of this session you will be able to:

- Locate Checklists and Worksheets on the PRISM 2007 Toolbar
- Know by whom, when and where the checklists/worksheets are completed
- Create and complete checklists/worksheets





Using Worksheets and Checklists

- Protocol Worksheet
- Observation Worksheet
 - Observation Data Gathering
- Age and Income Eligibility Review and Guidance Forms
 - Child Records
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist
 - Center Checklist





Worksheet/Checklist 101

Worksheet	Who	When	Why	What
Protocol	All Reviewers	Anytime during review	Data Collection	Data during site visits
Observation	ECD reviewer	during classroom observations	Data Collection	Record Observations during classroom visits
Age/Income	RC	During File Review	Data and Summary	Monitor age/income compliancy
RC	RC	End of Review	Data Confirmation	Confirm closure report/review in field
FTL	FTL	End of Review or during review	Data and Process Confirmation	Confirm report/data completed
Delegate	RC	Before Review	Delegate and center info.	Delegate/center information for review





- Protocol Standards Findings **Tools**
- ☐ Protocol Worksheet
 - ☒ Observation Worksheet
 - ☐ Age and Income Eligibility Review and Guidance Forms
 - ☐ Report Coordinator Checklist
 - ☒ Team Leader Checklist
 - ☒ Delegate Checklist

Access the various worksheets
and checklists from the Tools
tab.

PRISM Instrument 2007

[Home](#) [Back](#) [Next](#) [Up](#)[New Protocol Worksheet](#)

FY 2007 PRISM PROTOCOL

The Office of Head Start (OHS) introduces the FY 2007 PRISM Protocol to guide all first-year and triennial monitoring reviews. The protocol organizes elements of program performance standards and other program regulations into 10 sections against which compliance will be monitored:

- Health Services
- Nutritional Services
- Safe Environments
- Disabilities Services
- Mental Health Services
- Family and Community Services
- Transportation Services
- Education and Early Childhood Development Services
- Fiscal Management
- Program Design and Management

Compliance Questions form the basis of the protocol, with each question focusing on one or more program requirements against which compliance will be monitored. Answer "yes" or "no" for each compliance question by clicking the appropriate radio button. A response with a red flag immediately to the right of it, serves as a signal to the reviewer of a potential concern, in which case additional follow-up is needed.

Guidance prompts facilitate the monitoring process for each Compliance Question. Review teams must respond to Compliance Questions using the prompts, which outline the minimum "ground



Protocol Worksheet

- Optional Data Gathering Tool
- May be completed by all reviewers
- Notes entered may be copied to other areas of the Protocol and become evidence
- May be assigned to other team members





- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Protocol Worksheet

[Home](#) [Back](#) [Next](#) [Up](#)[New Protocol Worksheet](#)

Instructions for the Protocol Worksheet

This protocol worksheet can be used to record information collected in the field while reviewers are conducting interviews, reviewing documents, or making observations. Please type in a response for each item in this worksheet. Once you press the "New Protocol Worksheet" button, please answer the four background questions. Then answer the four questions under the "Questions on Source Information" section. Press the "Add Notes" button to enter the reviewer's notes into the last question that is under the final section named

The Protocol Worksheet is an optional tool for data gathering. Information gathered in this worksheet can be copied and pasted into notes within other sections of the Protocol. Multiple worksheets can be created by multiple reviewers.

nce that you ultimately will incorporate into preliminary area of noncompliance
your notes detailed information that can provide the context for your finding.
Worksheet must be transferred to the appropriate section or sections of the
ted your notes electronically in the PRISM Software, you can highlight, click
of text, from this worksheet directly into any section of the protocol within

Data on the Protocol Worksheet

Worksheets	Delegate	Reviewer	Section
My First Worksheet	Surrey EHS	sample.user	Safe Environments
My Second Worksheet	Surrey EHS	sample.user	Nutrition Services
My Third Worksheet	Surrey EHS	sample.user	Mental Health Services



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Protocol Worksheet - Rocky Hill EHS first visit

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Protocol Worksheet](#) [New Protocol Worksheet](#) [Assign this Protocol Worksheet](#)

3. What is the review date? 11/30/2006
4. What is the grantee's name? Rocky Hill Assoc.
5. What is the delegate's name? Rocky Hill EHS
6. What is the protocol section? Safe Environments

Questions on the Source Information

7. What is the document number? Maintenance Agreements
- Mr. Clean
- Classroom

Complete all the questions on this worksheet (electronic version contains the same information found on the paper version of this worksheet).

Notes may be created, edited by creator and copied elsewhere into the Protocol. Multiple notes can be added to a single Protocol Worksheet. This is an optional tool designed to facilitate data gathering.

The individual worksheets are assignable to other members of a Review team.

11/30/2006 9:58:47 AM - India Op

[Add Handwriting](#) [Add Picture](#) [Delete](#)

Comments:

had Mr. Clean walk me through this facility to point out the various maintenance agreements for the equipment in the classroom



Observation Worksheet

- Data Collection Tool for gathering information during observations
- One observation worksheet should be created for each individual site
- A 'new observation' should be completed for each individual observation
- Standards cited here may be linked to findings in the Protocol





- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Observation Worksheet

[Home](#) [Back](#) [Next](#) [Up](#) [New Observation Worksheet](#)**Instructions for the Observation Worksheet**

This observation worksheet can be used to record information collected during a site visit. Please type in a response for each item in this worksheet. Once you press the "New Observation Worksheet" button, please answer the five background questions for the site being visited. You will answer the background questions only one time for this site being visited. Depending the type of site being visited (Question 5), you will see different questions appearing.

Press on the "New Observation" button to create an observation within the site being visited. You should answer the seven questions for each observation. Each site can have multiple observations.

Site Name	Delegate	Site Type
Ballerina	Hogwarts EHS	Infant/Toddler Center-based
Edgar EHS	Surrey EHS	Preschool Center- based
Impressionist Day Care	Hogwarts EHS	Infant/Toddler Center-based

Create a single Observation Worksheet for each site being observed. Create "New Observations" for each observation within that site. A green 'check' indicates the worksheet has been completed and there are no areas of concern. A 'notebook' icon indicates the Observation is not complete. A red 'x' indicates an area of concern has been cited during an observation.



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Observation Worksheet - Edgar EHS

Home Back Next Up

Delete this Observation Worksheet New Observation for this Site Assign this Observation Worksheet

Site Background Questions

1. What is the site name?
2. What is the review date?
3. What is the delegate name (if applicable)?
4. Is this a child care partnership or contract? ☒ Yes ☐ No
5. What is the type of site being visited?

Questions Based on Site Type

- 1A. What is the number of children?
- 2A. What is the number of children on IEPs?

3A

☒ Yes ☐ No ☐ N/A

3A COMPLIANCE QUESTION

3. If predominantly 3 year-olds, is the class size 17 or fewer?

[1306.32\(a\)\(5\)](#)

3A Notes:

New Note

Paste

Add Picture

Copy

Delete

1/31/2007 2:29:43 PM - Sample User



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- Delegate Checklist

Based upon the site type
selected, additional
questions will appear.

Observation Worksheet - Untitled observation worksheet

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Observation Worksheet](#) [New Observation for this Site](#) [Assign this Observation Worksheet](#)

Site Background Questions

1. What is the site name?
2. What is the review date?
3. What is the delegate name (if applicable)?
4. Is this a child care partnership or contract? ☐ Yes ☐ No
5. What is the type of site being visited?

Questions Based on Site Type

Preschool Center-based
Infant/Toddler Center-based
Home-based
Family Child Care

Observations for This Site

Name	Location	Type	Size
------	----------	------	------



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- Delegate Checklist

Questions Based On Site Type

Observation Worksheet - Edgar EHS

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Observation Worksheet](#) [New Observation for this Site](#) [Assign this Observation Worksheet](#)

Site Background Questions

1. What is the site name?
2. What is the review date?
3. What is the delegate name (if applicable)?
4. Is this a child care partnership or contract? ☒ Yes ☐ No
5. What is the type of site being visited?

Questions Based on Site Type

- 1C. What kind of home-based site visit is this?
- 2C. Is the child on IEP/IFSP? ☐ Yes ☐ No

Observations for This Site

Name	Location	Type	Size
<input checked="" type="checkbox"/> Classroom A	Indoor	Teacher-directed	Small Group
<input checked="" type="checkbox"/> t24v5q235	Indoor	Child-initiated	Small Group



- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
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- Team Leader Checklist
- Delegate Checklist

Questions Based On Site Type

Observation Worksheet - Edgar EHS

Home Back Next Up

Delete this Observation Worksheet New Observation for this Site Assign this Observation Worksheet

Site Background Questions

1. What is the site name?
2. What is the review date?
3. What is the delegate name (if applicable)?
- Is this a child care partnership or contract? ☒ Yes ☐ No
5. What is the type of site being visited?

Questions Based on Site Type

- 1A. What is the number of children?
- 2A. What is the number of children on IEPs?

3A☒ Yes ☐ No ☐ N/A**3A COMPLIANCE QUESTION****3. If predominantly 3 year-olds, is the class size 17 or fewer?**[1306.32\(a\)\(5\)](#)**3A Notes:**

1/31/2007 2:29:43 PM - Sample User

New Note

Paste

Add Picture

Copy

Delete



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- Delegate Checklist

Additional questions have appeared that are based on the site type selected. Some of these questions may be compliance questions with associated standard citations.

Observation Worksheet - Edgar EHS

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Observation Worksheet](#) [New Observation for this Site](#) [Assign this Observation Worksheet](#)

Site Background Questions

1. What is the site name?
2. What is the review date?
3. What is the delegate name (if applicable)?
4. Is this a child care partnership or contract? ☒ Yes ☐ No
5. What is the type of site being visited?

Questions Based on Site Type

- 1A. What is the number of children?
- 2A. What is the number of children on IEPs?

3A

☒ Yes ☐ No ☐ N/A

3A COMPLIANCE QUESTION

3. If predominantly 3 year-olds, is the class size 17 or fewer?

[1306.32\(a\)\(5\)](#)

3A Notes:

[New Note](#)[Paste](#)



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
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You must enter a note for every applicable answer. By clicking the Standard link you may view the text of the standard. Please remember, Notes do not propagate to the Protocol, only to the Standard.

Observation Worksheet - Flatbush site

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Observation Worksheet](#) [New Observation for this Site](#) [Assign this Observation Worksheet](#)

6. What is the type of site being visited?

Infant/Toddler Center-based

Questions Based on Site Type

1B. What is the number of children?

150

2B. What is the number of children on IFSPs?

20

3B☐ Yes ☒ No

3B COMPLIANCE QUESTION

3. Are there 8 or fewer children per group, with one teacher for every 4 infants/toddlers?

1304.52(g)(4)

3B Notes:

[New Note](#)[Paste](#)[Copy](#)[Delete](#)

11/30/2006 9:09:00 AM - India Opal

Delegate: Rocky Hill EHS

Method: Interview

Center: Wheeler Child Care

Source: Mrs. Beasley

Notes: Notes go here

Observation Worksheet - Picasso Outreach

Home Back Next Up

Delete this Observation Worksheet New Observation for this Site Assign this Observation Worksheet

1304.52 (M)

3B N

12/1/2006 9:53:10 AM - Sample User

Delegate: Surrey EHS

Center: Whining EHS

Notes: test 1

12/1/2006 9:55:28 AM - Sample User

Delegate: Surrey EHS

Center: Whining EHS

Notes: test 2

Observation Worksheet - Cassat

Home Back Next Up

Delete this Observation Worksheet New Observation for this Site Assign this Observation Worksheet

3B Notes:

New Note

Paste

12/1/2006 9:53:10 AM - Sample User

Copy

Delete

Delegate: Surrey EHS

Method: Document Review

Center: Whining EHS

Source: Painting

Notes: test 1

12/1/2006 9:55:28 AM - Sample User

Copy

Delete

Delegate: Surrey EHS

Method: Observation

Center: Whining EHS

Source: Classroom B

Notes: test 2

Notes entered in one Observation Worksheet will populate all other applicable Observation Worksheets for this review.

Observation Worksheet - Picasso Outreach

Home Back Next Up

Delete this Observation Worksheet New Observation for this Site Assign this Observation Worksheet

3B

☒ Yes ☐ No

3B COMPLIANCE QUESTION

3. Are there 8 or fewer children per group, with one teacher for every 4 infants/toddlers?

1304.52(g)(4)

3B Notes:

12/1/2006 9:53:10 AM - Sample User

Delegate: Surrey EHS Method: Document Review

Center: Whining EHS Source: Painting

Notes: test 1

12/1/2006 9:55:28 AM - Sample User

Delegate: Surrey EHS Method: Document Review

Center: Whining EHS Source: Painting

Notes: test 2

2/1/2006 9:55:28 AM - Sample User

Observation Worksheet - Degas

Home Back Next Up

Delete this Observation Worksheet New Observation for this Site Assign this Observation Worksheet

6. What is the type of site being visited?

Preschool Center-based

Questions Based on Site Type

1A. What is the number of children?

2A. What is the number of children on IEPs?

3A

☐ Yes ☒ No ☐ N/A

3A COMPLIANCE QUESTION

3. If predominantly 3 year-olds, is the class size 17 or fewer?

1306.32(a)(5)

3A Notes:

12/4/2006 9:14:13 AM - Sample User

Delegate: Surrey EHS Method: Observation

Center: Cheshire EHS Source: source of observation for this note

Notes: note goes here Van Gogh

The notes from one Observation Worksheet will carry over to another Observation Worksheet when applicable. In this example, both Cassat and Picasso Are Infant/Toddler Center based. The notes entered under Picasso have carried over to Cassat which is also an Infant/Toddler Based center. Degas is not an Infant/Toddler Based center therefore, the notes do not Carry over to Cassat or Picasso.



HEAD START



Select Review

Protocol Standards Findings Tools

Filter: Show All Standards

- ☒ PART 74 - Financial And Program Management
- ☒ PART 84 - Nondiscrimination On The Basis Of Handicap
- ☒ PART 92 - Uniform Administrative Requirements For Grantees
- ☒ PART 215 - Uniform Administrative Requirements for Grantees
- ☒ PART 220 - Cost Principles for Educational Institutions
- ☒ PART 225 - Cost Principles For State, Local, And Indian Organizations
- ☒ PART 230 - Cost Principles For Non-Profit Organizations
- ☒ PART 1301 - Head Start Grants Administration
- ☒ PART 1302 - Policies and Procedures For Selection, I
- ☒ PART 1303 - Appeal Procedures For Head Start Grants
- ☒ PART 1304 - Program Performance Standards For Open Enrollment
- ☒ 1304.1 Purpose and scope.
- ☒ 1304.2 Effective dates.
- ☒ 1304.3 Definitions.
- ☒ 1304.20 Child Health and Developmental Services
- ☒ 1304.21 Education and Early Childhood Development
- ☒ 1304.22 Child Health and Safety.
- ☒ 1304.23 Child Nutrition.
- ☒ 1304.24 Child Mental Health.
- ☒ 1304.40 Family Partnerships.
- ☒ 1304.41 Community Partnerships.
- ☒ 1304.50 Program Governance.
- ☒ 1304.51 Management Systems and Procedures.
- ☒ 1304.52 Human Resources Management.
- ☒ 1304.53 Facilities, Materials, and Equipment.
- ☒ 1304.60 Deficiencies and quality improvement plans
- ☒ 1304.61 Noncompliance.
- ☒ PART 1305 - Eligibility, Recruitment, Selection, Enrollment
- ☒ PART 1306 - Head Start Staffing Requirements And Procedures
- ☒ PART 1308 - Head Start Program Performance Standards
- ☒ PART 1309 - Head Start Facilities Purchase, Major Repairs

1304.52 Human Resources Management.

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☒ Show Only My Notes ☒ Show Only Standards with Notes ☐ Print

(g) Classroom Staffing and Home Visitors

(1) Grantee and delegate agencies must meet the requirements of 45 CFR 1306.20 regarding classroom staffing.

1304.52(g)(1)

(2) When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children must speak their language.

1304.52(g)(2)

(3) For center-based programs, the class size requirements specified in 45 CFR 1306.22 must be

1304.52(g)(3)

Notes entered in the Observation Worksheet follow the standard link back to the standards page.

when
that
each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one group. However, if State, Tribal or local regulations specify staff:child ratios and group sizes more stringent than this requirement, the State, Tribal, or local regulations must apply.

1304.52(g)(4)

OW3B 11/30/2006 9:09:00 AM - India Opal

Copy

Delete

Delegate: Rocky Hill EHS

Method: Interview

Center: Wheeler Child Care

Source: Mrs. Beasley

Notes: Notes go here



Select Review

Protocol Standards Findings Tools

Filter: Show All Standards

- ☒ 1304.3 Definitions.
- ☒ 1304.20 Child Health and Developmental Services
- ☒ 1304.21 Education and Early Childhood Development
- ☒ 1304.22 Child Health and Safety.
- ☒ 1304.23 Child Nutrition.
- ☒ 1304.24 Child Mental Health.
- ☒ 1304.40 Family Partnerships.
- ☒ 1304.41 Community Partnerships.
- ☒ 1304.50 Program Governance.
- ☒ 1304.51 Management Systems and Procedures
- ☒ 1304.52 Human Resources Management
- ☒ 1304.53 Facilities, Materials, and Equipment
- ☒ 1304.60 Deficiencies and quality improvement
- ☒ 1304.61 Noncompliance.
- ☒ PART 1305 - Eligibility, Recruitment, and Retention
- ☒ PART 1306 - Head Start Staffing Requirements
 - ☒ 1306.1 Purpose and scope.
 - ☒ 1306.2 Effective dates.
 - ☒ 1306.3 Definitions.
 - ☒ 1306.20 Program staffing patterns
 - ☒ 1306.21 Staff qualification requirements.
 - ☒ 1306.22 Volunteers.
 - ☒ 1306.23 Training.
 - ☒ 1306.30 Provisions of comprehensive child development
 - ☒ 1306.31 Choosing a Head Start program option.
 - ☒ 1306.32 Center-based program option.
 - ☒ 1306.33 Home-based program option.
 - ☒ 1306.34 Combination program option.
 - ☒ 1306.35 Additional Head Start program option variations
 - ☒ 1306.36 Compliance waiver.
- ☒ PART 1308 - Head Start Program Performance Standards

1306.32 Center-based program option.

Home Back Next Up

Show Only My Notes Show Only Standards with Notes Print

(a) Class size.

(1) Head Start classes must be staffed by a teacher and an aide or two teachers and, whenever possible, a volunteer.

1306.32(a)(1)

(2) Grantees must determine their class size based on the predominant age of the children who will participate in the class and whether or not a center-based double session variation is being implemented.

1306.32(a)(2)

1306.32(a)(3)

Create Finding

Add Note

Paste Note

Delete

Important: Notes entered in one Observation Worksheet will propagate to all other applicable Observation Worksheets.

Notes: note goes here

(4) When double session classes serve predominantly four or five-year-old-children, the average class size of that group of classes must be between 15 and 17 children. A double session class for four or five-

1306.32(a)(4)



Select Review

Protocol Standards Findings Tools

Filter: Show All Standards

- ☐ 1304.23(b)(3)
- ☐ 74.21(b)(6)
- ☐ 1304.23(e)(1)
- ☐ 1304.22(e)(4)
- ☐ 1304.22(f)(2)
- ☐ 1304.20(a)(1)(i)
- ☐ 1304.52(a)(2)(ii)
- ☐ 1304.40(c)(1)
- ☐ 1304.41(c)(2)
- ☐ 1304.23(e)(2)
- ☐ 1304.40(c)(1)(ii)
- ☐ 1304.53(a)(1)
- ☐ 1306.23(a)
- ☐ 1304.40(c)(1)(i)
- ☐ 1304.52(g)(4)
- ☐ 1306.32(a)(5)
- ☐ 1306.32(a)(3)

PANC

Home Back Next Up

Print the Preliminary Review Report

1306.32 Center-based program option.

(a) Class size.

(3) For classes serving predominantly four or five-year-old children, the average class size of that group of classes must be between 17 and 20 children, with no more than 20 children enrolled in any one class.

Narrative: ⓘ

Program Type: ☐ Head Start ☒ Early Head Start

New Findings created from citing the standard associated with Compliance Question on the Observation Worksheet now appear on the Findings tab. All notes entered in the Observation Worksheet or at the standard link have followed.

☐ Select this checkbox if this preliminary area of non-compliance was corrected during the review.

Evidence: ⓘ

OW4A 11/30/2006 11:14:30 AM - India Opal

Copy

Delete

Delegate: Wheeler EHS

Method: Observation

Center: Butler Child Care

Source: Classroom

Notes: note goes here

For each observation you make, please complete all information in this section.

Start time: _____

Indoor: ☐

Teacher-directed: ☐

Individual: ☐

End time: _____

Outdoor: ☐

Child-initiated: ☐

Small Group: ☐

Large Group: ☐

Describe the activity or experience, including teacher/child interaction and child-to-child interaction, and the materials and equipment used.

Paper version Observation Data
Collection Sheet.



Select Review

- Protocol Standards Findings Tools
- Protocol Worksheet
 - ☒ Observation Worksheet
 - Age and Income Eligibility Review and Guidance Forms
 - Report Coordinator Checklist
 - ☒ Team Leader Checklist
 - ☒ Delegate Checklist

Observation Worksheet - Flatbush site

[Home](#) [Back](#) [Next](#) [Up](#)☒ Delete this Observation Worksheet ☐ New Observation for this Site ☒ Assign this Observation Worksheet

Site Background Questions

1. Please name the site being visited.
 2. What is the review date?
 3. What is the site name?
 4. What is the delegate name (if applicable)?
 5. Is this a child care partnership or contract?
visited? ☒ Yes ☐ No
-

Create a New Observation for each observation
by clicking on the 'New Observation' button.

Questions Based on Site Type

- 1B. What is the number of children?
- 2B. What is the number of children on IFSPs?

3B

☒ Yes ☐ No

3B COMPLIANCE QUESTION

3. Are there 8 or fewer children per group, with one teacher for every 4 infants/toddlers?



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Observation - Classroom A

Home Back Next Up

Delete this Observation New Observation for this Site

Questions on each Observation Made

1. Please name this observation.
2. What is the start time?
3. What is the end time?
4. Where is the observation?
5. What is observation type?
6. What is the size of the observation?

An individual observation is created for each observation within a site. You may have multiple observations created for one single observation (site) worksheet.

including teacher/child interaction and child-to-child interaction, and



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- Delegate Checklist

Observation Worksheet - Impressionist Day Care

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Observation Worksheet](#) [New Observation for this Site](#) [Assign this Observation Worksheet](#)

12/1/2006 9:55:28 AM - Sample User

[Add Picture](#)[Copy](#)[Delete](#)Delegate: Method: ☐ Area of concernCenter: Source: Notes:

Individual Observations
for each site are listed within
the observation worksheet.

Observations for This Site

Name	Location	Type	Size
<input checked="" type="checkbox"/> 1234	Indoor	Teacher-directed	Small Group
<input checked="" type="checkbox"/> ABCD	Outdoor	Child-initiated	Small Group
<input checked="" type="checkbox"/> observation A	Outdoor	Teacher-directed	Small Group
<input type="checkbox"/> Quidditch Field Trials	Outdoor	Child-initiated	Large Group
<input type="checkbox"/> Scottish Moors	Outdoor	Teacher-directed	Individual
<input type="checkbox"/> Stonehenge	Outdoor	Teacher-directed	Small Group



- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Observation Worksheet

[Home](#) [Back](#) [Next](#) [Up](#)[New Observation Worksheet](#)

Instructions for the Observation Worksheet

This observation worksheet can be used to record information collected during a site visit. Please type in a response for each item in this worksheet. Once you press the "New Observation Worksheet" button, please answer the six background questions for the site being visited. You will answer the background questions only one time for this site being visited. Depending the type of site being visited (Question 6), you will see different questions appearing.

Press on the "New Observation" button to create an observation within the site being visited. You should answer the seven questions for each observation. Each site can have multiple observations.

Worksheets	Site	Delegate	Site Type
<input type="checkbox"/> Flatbush site	Flatbush EHS	Rocky Hill EHS	Infant/Toddler Center-based
<input checked="" type="checkbox"/> Moss Green	Algar EHS	Rocky Hill EHS	Infant/Toddler Center-based
<input type="checkbox"/> Wheeler EHS			Infant/Toddler Center-based

Again, icon indicators provide additional information – e.g. Red 'x' indicates area of concern within an Observation Worksheet.



Age and Income Eligibility and Income Eligibility Worksheets







- Completed by Report Coordinator
- Guidance for sample collection and data documentation
- Comprehensive Instructions for completing Review Forms ensures consistency across reviews
- Electronic version (software) mirrors the paper version of the forms and guidance





Program Review Instrument for
Systems Monitoring of Head Start
and Early Head Start Grantees

Protocol Standards Findings Tools

-  Protocol Worksheet
-  Observation Worksheet
-  **Age and Income Eligibility Review and Guidance Forms**
-  Report Coordinator Checklist
-  Team Leader Checklist
-  Delegate Checklist

Age and Income Eligibility Review and Guide

Home Back Next Up

 [New Child's Record](#) [Assign the Age/Income El](#)

Instructions for the Age and Income

- Instructions for the File Selection Procedure
- Instructions for the Data Collection Form

Background Questions for the Set of Children's Records Being Reviewed

1. What is the grantee name?
2. What is the review date?
3. What is the delegate (if applicable)?
4. What is the Report Coordinator's name?
5. What is the actual enrollment?

Hogwarts ESH






11/20/2006

Surrey EHS

Susie Soothsayer

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Data from the Age and Income Eligibility Questions for each Child's Record

Record #	Eligible	Signed	At least 3
 Record 2	Yes	Yes	Yes
 Record 3	Yes	Yes	Yes
 Record 4		-	
 Record 5		-	
 Record 6	Yes	Yes	Yes

Income/Age Eligibility Summary

5 - Number of files reviewed

Age/Income Eligibility Review: Data Collection Form

Data Collection Form

Review Date:

Design name (if applicable)

Report Coordinator Name:

Actual Enrollment:

A	B	C	D	E
File Number (1, 2 ...)	Program has enrolled the child as an income eligible child (Y or N)	RC finds a signed statement in folder indicating which documents were reviewed to verify eligibility (Y or N)	RC supports grantee's determination of income eligibility (Y or N)	RC determines that child is at least 3 years old by date of entry into program (Y or N)



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Instructions for the File Selection Process

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Instructions for the Age and Income Eligibility Review Guidance and Forms

The Age/Income Eligibility Review is designed to understand Head Start and Early Head Start grantee and delegate systems for compliance with age and income eligibility program requirements. This form provides guidance on selecting a sample of children's files to review and for documenting information provided during this review. The Report Coordinator (RC) is responsible for completing the Age/Income Eligibility Data Collection Form and Summary.

File Selection Process

The Office of Head Start (OHS) requires the review of a sample of children's files to determine whether the eligibility information is documented and maintained in accordance with program requirements. OHS further requires that the sample of files be selected in accordance with the selection section. Adherence to the sampling guidance ensures consistency across the review process.

Explicit instructions for completing
the Age and Income Eligibility Review Guidance
and forms.

Children Served by the Grantee

The first step is to obtain a list of all children currently enrolled in the program. The grantee is responsible for preparing a list of children currently enrolled in the program. The list should include the following information:

- o Child's name
- o Date of birth
- o Whether enrolled in grantee, delegate, or child care partner
- o Center name
- o Class
- o Program option



- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Instructions for the Data Collection Form Completion

[Home](#) [Back](#) [Next](#) [Up](#)**Instructions for Completing the Age/Income Eligibility Review Form**

The RC should use the data collection and summary forms to complete the file review for determining compliance with age and income eligibility program requirements.

1. Please enter the program name, the delegate name (if applicable), dates of the review, the program's actual enrollment figure, and your name in the spaces provided.
2. Columns B through D are for the Income Eligibility review; Column E is for the Age Eligibility review (HS programs only).

Income Eligibility Review

3. For each child, determine if the program identified the child as income eligible or as part of the program's enrollment from "over-income" families.
 - a. If the child was identified by the program as income eligible (i.e., from a household that meets the low-income guidelines), enter a Y in column B and proceed to step 4 (column C).
 - b. If the child was enrolled as an "over-income" child, enter a N in column B. If you enter a N in column B, then proceed to Step 4 (column C).
4. Determine whether the file contains a signed statement by a Head Start program employee identifying which documents were examined to verify income.
 - a. If the file contains a signed statement demonstrating that documents were reviewed to verify family income and which documents were reviewed, enter a Y in column C and proceed to Step 5.
 - b. If the file does not contain a signed statement, enter a N in column C. If you enter a N in column C, your income eligibility review of that specific child's file has been completed. You should proceed to the next file to continue your review of other

Explicit instructions for completing
the Age and Income Eligibility Forms.



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☐ Delegate Checklist

Instructions for the File Selection Process

[Home](#) [Back](#) [Next](#) [Up](#)*more files to confirm.***Eligibility Review
Sample Size Look-up Table**

Actual Enrollment: Total Number of Children	Review Sample: Number of Files to be Reviewed
Less than 20	All Files
30	25
40	31
50	37
100	58
150	72
200	82
	89
	108
1000	121
2000	129
3000	132
4000	134
5000	135
6000	135
7000	136
8000	136
9000	136
10000	136

Guidance for selecting a sample size....

Step 3: Identify the Sample of Files for Review

Having determined the total number of files to be reviewed based on the grantee's actual total enrollment, the PC uses the grantee's list of total enrolled children to randomly select the target



- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- Delegate Checklist

Age Income Form - 6

[Home](#) [Back](#) [Next](#) [Up](#)☒ Delete this Child's Record[New Child's Record](#)[Assign this Child's Record](#)**Question on Age and Income Eligibility Compliance with Program Requirements**

1. What is the record number?
2. Has the program enrolled the child as an income eligible child? ☐ Yes ☐ No
3. Did the Report Coordinator find a signed statement in the folder indicating which documents were reviewed to verify income? ☐ Yes ☐ No
4. Which program is the child enrolled in?
5. Did the Report Coordinator determine the child was at least 3 years old by the date of enrollment into program? ☐ Yes ☐ No

Each child record reviewed must be entered in the software. Each record is assigned a record number by the software.



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Age and Income Eligibility Review and Guidance Forms

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New Child's Record Assign the Age/Income Eligibility Review: Data Collection Form

[Instructions for the File Selection Process](#)[Instructions for the Data Collection Form Completion](#)

Background Questions for the Set of Children's Records Being Reviewed

1. What is the grantee name?
2. What is the review date?
3. What is the delegate (if applicable)?
4. What is the Report Coordinator's name?
5. What is the a

Individual records reviewed are listed individually on the Background Questions Data Collection Worksheet.

Data from the Age and Income Eligibility Questions for each Child's Record

Record #	Eligible	Signed	At least 3
<input checked="" type="checkbox"/> 6	Yes	Yes	
<input type="checkbox"/> Record 2	Yes	Yes	Yes
<input type="checkbox"/> Record 3	Yes	Yes	Yes
<input type="checkbox"/> Record 4		-	
<input type="checkbox"/> Record 5		-	
<input type="checkbox"/> Record 6	Yes	Yes	Yes

Income/Age Eligibility Summary

- 6 - Number of files reviewed
- 0 - Number of files for which the RC did not find a signed statement to verify income
- 0 - Number of files for which RC determined child was under age



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Age and Income Eligibility Review and Guidance Forms

Home Back Next Up

New Child's Record Assign the Age/Income Eligibility Review: Data Collection Form

[Instructions for the File Selection Process](#)[Instructions for the Data Collection Form Completion](#)

Background Questions for the Set of Children's Records Being Reviewed

1. What is the grantee name? Hogwarts ESH
 2. What is the review date? 11/20/2006
 3. What is the delegate (if applicable)? Surrey EHS
 4. What is the Report Coordinator's name? Susie Soothsayer
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Summary of Files reviewed
provides immediate information on
number of files reviewed, under age children, absence of signed
eligibility statement, etc.

<input checked="" type="checkbox"/> 6	Yes	Yes	
Record 2	Yes	Yes	Yes
Record 3	Yes	Yes	Yes
Record 4		-	
Record 5		-	
Record 6	Yes	Yes	Yes

Income/Age Eligibility Summary

- 6 - Number of files reviewed
- 0 - Number of files for which the RC did not find a signed statement to verify income
- 0 - Number of files for which RC determined child was under age



Delegate and Center Checklists

- You must create a Delegate for each Delegate within a review or each delegate associated with a Grantee.
- A default “Grantee” Checklist is automatically created.
- There may be one Delegate with multiple centers or multiple delegates with multiple centers.
- You may select the sections of the Protocol for which these Delegates will be visited when creating the Delegate Checklist.
- You may delete a Delegate Checklist or a Center Checklist.
- Complete instructions for completing the Delegate Checklist are located on the Delegate Checklist Instructions Page within the Protocol.
- The Delegate Checklists and associated Center Lists must be completed by the Report Coordinator prior to the review.





Delegate Checklists

Centers for each delegate checklist need to be added through the delegate checklist. You must create a delegate before creating a center.

When working with one grantee with multiple centers, enter centers for the grantee in the default “Grantee” delegate checklist.





Select Review

Protocol Standards Findings **Tools**

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Select the Tools tab

PRISM Instrument 2007

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FY 2007 PRISM PROTOCOL

The Office of Head Start (OHS) introduces the FY 2007 PRISM Protocol to guide all first-year and triennial monitoring reviews. The protocol organizes elements of program performance standards and other program regulations into 10 sections against which compliance will be monitored:

- Health Services
- Nutritional Services
- Safe Environments
- Disabilities Services
- Mental Health Services
- Family and Community Services
- Transportation Services
- Education and Early Childhood Development Services
- Fiscal Management
- Program Design and Management

Compliance Questions form the basis of the protocol, with each question focusing on one or more program requirements against which compliance will be monitored. Answer "yes" or "no" for each compliance question by clicking the appropriate radio button. A response with a red flag immediately to the right of it, serves as a signal to the reviewer of a potential concern, in which case additional follow-up is needed.

Guidance prompts facilitate the monitoring process for each Compliance Question. Review teams must respond to Compliance Questions using the prompts, which outline the minimum "ground to cover" in addressing questions effectively. These *Ground to Cover* prompts indicate the people to



- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Complete the form with the appropriate information including the Delegate Address, Program Type, and which sections of the Protocol will be looked at for this delegate.

Create one Checklist for each Delegate (multiple centers checklists may be created for each delegate).

Delegate - Hogwarts EHS

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Delegate](#) [New Center](#)

Background Questions on the Delegate

1. Please provide a name for this delegate.

2. Has this delegate been visited?

☐ Yes☒ No

3. Is this delegate part of a sub-review?

☐ Yes☒ No

(Note: A sub-review is a review with a sub-team that has a separate team meeting. There are not always sub-teams for delegates)

4. Please mark which protocol sections the review team looked at for this delegate.

☒ Section 1 - Health Services☒ Section 5 - Mental Health Services☒ Section 8 - Education and Early Childhood Development☒ Section 2 - Nutritional Services☒ Section 6 - Family and Community Services☒ Section 9 - Fiscal Management☒ Section 3 - Safe Environments☒ Section 7 - Transportation Services☒ Section 10 - Program Design and Management☒ Section 4 - Disabilities Services[Select All](#)

5. Please mark which protocol tools the review team looked at for this delegate.

☒ Protocol Worksheet☒ Observation Worksheet☒ Age Income Form[Select All](#)

6. What is the program type of the grantee for this delegate?



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- Delegate Checklist

Delegate Checklist - Untitled Center

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☒ Delete this Center ☒ New Center

Background Questions on the Center

1. Please provide a name for this center. **(A center name is required.)**
2. Has this center been visited? ☐ Yes ☐ No
3. What is the program type of the grantee for this center?
4. Please type in the address of the center.
5. Please type in the phone number of the center.

Create a Center
Checklist
for each center within a
Delegate.

Multiple Centers can
be created; however,
ensure that the centers
are associated with the
correct Delegate.



Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- ☒ Delegate Checklist

Delegates will now appear in the order created on your Delegate Checklist Page. Center Lists nest within the Delegate Checklists and are not displayed on this page view.

Delegate Checklist

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New Delegate Checklist Assign the Delegate Checklist

The Delegate Checklist is intended to record information to assist in providing statistics (e.g., the total number of delegates supported by Head Start, the proportion of delegates that were reviewed in a given year).

This checklist is to be completed by the report coordinator or team leader. The name of all delegates and centers, as identified by the grantee, should be entered into this list. Over the course of the review, the report coordinator or team leader should indicate which delegates and centers have been visited.

Once you press the New Delegate Checklist button, please answer the eight background questions described in this paragraph. Please type out the full name of the delegate. Do not use acronyms or abbreviations. Next, indicate whether the delegate was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). Then the report coordinator or team leader should indicate whether this delegate was part of a sub-review. The next question involves marking the checkboxes for the protocol sections that the review team looked at for this delegate. Similarly, the protocol tools looked at for this delegate by the review team should also be marked using the checkboxes. The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the delegate.

Once you press the New Center button, please answer the five background questions described in this paragraph. Please type out the full name of the center. Do not use acronyms or abbreviations. Next, indicate whether the center was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the center.

Delegates

☒ Hogwarts EHS

Visited

No

Sub-
Review

No

Address

2121 Privet Drive

Phone
Number555-555-
4433☒ Surrey EHS

Yes

No

2130 Cauldron Street

555-444-
3333



Select Review

- Protocol Standards Findings Tools
- Health Services
 - Nutritional Services
 - ☒ Section I - Staffing and Training
 - Section II - Understanding Children's Nutritional Needs
 - Section III - Managing Nutritional Services
 - Section IV - Integrating Nutrition into Early Childhood D
 - Safe Environments
 - Disabilities Services
 - Mental Health Services
 - Family and Community Services
 - Transportation Services
 - Education and Early Childhood Development Services
 - Fiscal Management
 - Program Design and Management

SECTION I - Staffing and Training

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1304.52(a)(2)(ii)

1A GROUND TO COVER – LOOK FOR, LISTEN FOR, ASK

- Identify the person who manages nutritional services.
- Ask that person to describe his or her management responsibilities.

1A Notes:

New Note

Paste

Copy

Delete

11/29/2006 2:34:13 PM - Sample User

Delegate: Method: Center: Source: Notes:

Within Note, select the Delegate
from the drop down menu.

1B

☒ Yes☐ No

1B COMPLIANCE QUESTION

Are nutritional services supported by staff or consultants who are registered dietitians or nutritionists?



Select Review

- Protocol Standards Findings Tools
- Health Services
 - Nutritional Services
 - ☒ Section I - Staffing and Training
 - Section II - Understanding Children's Nutritional Needs
 - Section III - Managing Nutritional Services
 - Section IV - Integrating Nutrition into Early Childhood D
 - Safe Environments
 - Disabilities Services
 - Mental Health Services
 - Family and Community Services
 - Transportation Services
 - Education and Early Childhood Development Services
 - Fiscal Management
 - Program Design and Management

SECTION I - Staffing and Training

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1A

☐ Yes ☐ No ☒ N/A

1A COMPLIANCE QUESTION

*Note: Please select "N/A" if this is **not** a center-based HS program*

Are management functions for nutritional services formally assigned to a staff person or persons?

Note: Notes provided for this question will be shared with the PDM Reviewer through the PRISM Software.

1304.52(a)(2)(ii)

1A GROUND TO COVER – LOOK FOR, LISTEN FOR, ASK

- Identify the person who manages nutritional services.
- Ask that person to describe his or her management responsibilities.

1A Notes:

New Note

Paste

Copy

Delete

11/29/2006 2:34:13 PM - Sample User

Delegate: Method: Center: Source: Note:

After selecting
the Delegate, choose
the Center from the
drop down menu.



Report Coordinator and Team Leader Checklists

- Each checklist to be completed by designated RC or Team Leader
- Completed at the end of a review
- Notes may be entered to substantiate information entered in checklists when appropriate





- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist**
- Delegate Checklist

Team Leader Checklist

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Assign the Team Leader Checklist

Instructions for the Team Leader Checklist

When the on-site work is completed, the Team Leader confirms the quality of the preliminary review report, confirms that the PRISM process was implemented in accordance with the PRISM Guide, and confirms that the Report Coordinator mailed all documentation to the Team Leader's home Regional Office.

Mark the appropriate response ("yes" or "no"). Please explain any "no" responses in the "comments" section by clicking on the Add Notes button.

Questions for the Team Leader Checklist

Please mark the appropriate response (Yes or No) or choose the appropriate answer from the drop down menu:

1. Has the Report Coordinator collected, organized, indexed and prepared for mailing the completed forms and other evidence from the review, which is to be ☐ Yes ☒ No

Team Leader Checklist must be completed by FTL at the end of the review to confirm adherence to the Protocol Process and the quality of the Preliminary Review Report.

nothing sent out

2. There are no areas of noncompliance identified in this review. ☐ Yes ☒ No

Add Notes

3. This review identified one or more deficiencies requiring immediate correction due to the threat of imminent harm to children or staff or an immediate threat to the health or safety of children or staff? ☒ Yes ☐ No



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist**
- Team Leader Checklist
- Delegate Checklist

Report Coordinator Checklist

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Assign the Report Coordinator Checklist

Instructions for the Report Coordinator Checklist

When the on-site work is completed, the Report Coordinator confirms the quality of the preliminary review report, ensures that all documentation and evidence collected during the review is mailed to the Federal Team Leader's home Regional Office, and confirms that all reviewers using computers have closed out the review.

For Questions 1-9, fill in the organization's name, grantee contact's name and title, HHS official's name and title, review's purpose, program specialist's name, report's distribution and the program type. Please fill in the names of individuals in place of the default "NAME" listed for each title in the report distribution. Please use the drop down list to choose the program type. You can explain any answer in the "comments" section by clicking on the



Add Notes button. For Questions 10-13, mark the appropriate response ("yes" or "no"). Please explain any

Report Coordinator must complete the RC Checklist by the end of the review to ensure that all evidence has been mailed to the Regional Office, that all reviewers have closed out of the review and confirm the quality of the Preliminary Review Report. The distribution list for the RC Checklist **must** be completed.



Add Notes

2. What is the Grantee Contact's Name?



Add Notes

3. What is the Grantee Contact's Title?



Add Notes

4. What is the HHS Official's Name?



Worksheet/Checklist Whodunit

Worksheet	Who	When	Why	What
		Anytime during review		Data during site visits
	ECD reviewer		Data Collection	
	RC	During File Review		
	RC		Data Confirmation	
			Data and Process Confirmation	Confirm report/data completed
	RC		Delegate and center info.	





Questions, Questions, Questions....

1. Mary RC has determined that 121 Child Records must be reviewed during the review week. She knows this because she has looked at.....
2. Reba Reviewer is unable to select a center name when entering notes during a review. Franny Fiscal Reviewer is able to select the center without a problem. What is one reason that Reba cannot see a center that Franny can see in the Protocol?
3. True or False. Compliance questions in the Observation Worksheet are optional and do not need to be answered.
4. True or False, the Team Leader no longer needs to indicate the review type on the FTL checklist.
5. True or False. The Protocol Worksheet is an optional data collection tool for reviewers but mandatory for Report Coordinators.
6. In which worksheet/checklist is the Report Distribution and Grantee Profile information entered?

